

3/14/01
Q

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Barasch, U.S. Attorney
P.O. Box 11754
Harrisburg, Pa. 17108

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

MAR 07 2001

C. Signature

X

☐ Agent
☒ Addressee

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

70993400 0001 48264982

1-CV-01-184

TICone

3-6-01

SC Order

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

202

**FILED
HARRISBURG**

MAR 13 2001

MARY E. D'ANDREA, CL
Per S. T. 8
DEPUTY CLERK

1-CV-01-184
Show Law
Order
3-6-01